BEST AVAILABLE COPY

•	PATENT A	APPLICATIO Effecti	RD		16869 NO31100								
CLÂIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	OR	OTHER	THAN	
TO	TAL CLAIMS		14			:	Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUMB			ER EXTRA	E	BASIC F	EE 355.0	0 OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20= * +			-		X\$ 9=	=	OF	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 = 2				_ [X40=		OR	X80=	160	
MUI	LTIPLE DEPEN	DENT CLAIM PR	RESENT				t	+135=		7			
* If the difference in column 1 is less than zero, enter "0" in column 2										OF	`	2970	
CLAIMS AS AMENDED - PART II								TOTAI	<u> </u>	OF	TOTAL OTHER	THAN	
	C	LAINIS AS A (Column 1)	(Column 2) (Column 3					SMAL	L ENTITY	OR			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADD TION/ FEE	۱L	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	-	OF	X\$18=		
	Independent	*	Minus	***		=		X40=		OF	X80=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ ├	+135=		OF			
								TOT	7		TOTAL		
	(Column 1) (Column 2) (Column 3							DDIT. FI	EE L	OF	ADDIT. FEE		
AMENDMENT B			(Column 2) (C			1 г	-	ADD			ADDI-		
		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE		AL	RATE	TIONAL FEE	
	Total	•	Minus	**		=]	X\$ 9=	=	OF	X\$18=		
	Independent	*	Minus	***		=] [X40=		OF	X80=		
	FIRST PRESE	ULTIPLE DEF	TIPLE DEPENDENT CLAIM			┚╏	.105	-	1				
								+135=			TOTAL	L	
								DDIT. F	EE L	OF	ADDIT. FEE	<u> </u>	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									_			
AMENDMENT C	/ · · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUI PREV	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADD TION FEE	AL	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	╛╽	X\$ 9=	=	OF	X\$18=	1	
	Independent		Minus	•••		=	<u> </u>	X40=		OF	X80=	<u> </u>	
L	FIRST PRESENTATION OF MULTIPLE DEPEND				DENT CLAIM					_	`	1	
	If the entry in eat	ımn 1 je lace than t	the entry in col-	ımn 2 wr	ite "Ω" in ~	olumn 3	L	+135		OF			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												